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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/511,914
Filing Date	October 18, 2004
First Named Inventor	Scott Loiler
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	WMA 4300.014800

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000027683

☒ PLEASE CHANGE ATTORNEY DOCKET NO. TO: 36689.37

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Haynes and Boone, LLP				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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